

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35399
State File No. 2308

| | | | | | | | |
|--|--|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>2308</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>3960 SULLIVAN</u> 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> b. (Middle) <u>TAMMONS</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-55</u> | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>4-47-1923</u> | |
| 9. AGE (In years last birthday) <u>32 YRS</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Junkyard</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>OLIVER TAMMONS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lottie GRAY</u> | | 14. NAME OF HUSBAND OR WIFE <u>MRS ERVIN TAMMONS</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>490-20-6419</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ervin Tammons</u> ADDRESS <u>3960 Sullivan</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mechanical external interference with respiration, suffered while operating his truck south on Lindbergh, he skidded on the wet pavement and ran down into a ditch on the west side of road and turned over, pinning him in the truck.</u> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>8230</u> <u>32</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>St. Louis</u> <u>Mo.</u> | | | |
| 21d. TIME OF INJURY <u>10/4/55 1:30 P</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Truck skidded off of road and went down an embankment.</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE <u>Ervin Tammons</u> (Degree or title) <u>Coroner</u> | | | | 22b. ADDRESS <u>Clayton, Mo.</u> | | 22c. DATE SIGNED <u>10/7/55</u> | |
| 23. DATE REC'D BY LOCAL REG. <u>10-6-55</u> | | 23a. DATE <u>10-7-55</u> | | 23b. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM</u> | | 23c. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>MO</u> | |
| 24. REGISTRAR'S SIGNATURE <u>Harbert R. Dombrowski</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. WALTON</u> ADDRESS <u>2707 Stoddard</u> | | | |

S.G. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.